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**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-878)

SERIAL NO.  
**10/031688**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DER.	IND.	DER.	IND.	DER.
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TOTAL IND.	6		6			
TOTAL DER.	28		28			
TOTAL CLAIMS	34		34			

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\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS